

# UVA-FM HOT WORK PERMIT

**BEFORE INITIATING HOT WORK, ENSURE PRECAUTIONS ARE IN PLACE !  
MAKE SURE AN APPROPRIATE FIRE EXTINGUISHER IS READILY AVAILABLE !**

This Hot Work Permit is required for operations involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, Cutting, Grinding, Soldering, Thawing Pipe, Torch-Applied Roofing, and Cadwelding.

<p><b>INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>Complete this form and turn it in to your supervisor and Fire Alarm and HVAC Shops as needed.</li> <li>This form must be submitted 24 hours before work is started (except in emergency situations; see Appendix A of the <i>Hot Work Safety Guide</i>).</li> </ol> <p><b>HOT WORK BEING DONE BY:</b></p> <input type="checkbox"/> UVA Employee <input type="checkbox"/> Contractor _____ <input type="checkbox"/> Phone # _____ <p><b>HOT WORK PROJECT:</b></p> <p>W.O. # _____</p> <p>Submitted Date: _____</p> <p>Expected Start Date: _____ Time _____</p> <p>Expected Stop Date: _____</p> <p>Location / Building / Floor _____</p> <p>Nature of Job / Object _____</p> <p><b>AUTHORIZATION:</b></p> <p>I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.</p> <p>Name: _____ Supervisor/ Responsible Party</p> <p>Signature: _____</p> <p>Phone #: _____</p> <p><b>HVAC TECHNICIAN (if applicable):</b></p> <p>Name: _____</p> <p>Phone: _____</p> <input type="checkbox"/> HVAC systems evaluated and shutdown or modified as necessary. Date / Time: _____ Initials _____ <input type="checkbox"/> Reactivated: Date/Time: _____ <p><b>FIRE ALARM TECHNICIAN (if applicable):</b></p> <p>Name: _____</p> <p>Phone #: _____</p> <input type="checkbox"/> Fire Detection Disabled Date / Time: _____ Initials _____ <input type="checkbox"/> Fire Detection Reactivated Date / Time: _____ Initials _____	<p><b>REQUIRED PRECAUTIONS CHECKLIST</b></p> <input type="checkbox"/> Automatic Fire Detection has been disabled (A/N). <input type="checkbox"/> Available sprinklers, hose streams, and extinguishers are in service/operable. <input type="checkbox"/> Hot work equipment is in good repair. <input type="checkbox"/> <b>Requirements within 10 m (35 feet) of work:</b> <ul style="list-style-type: none"> <li>Flammable liquids, dust, lint, and oil deposits have been removed.</li> <li>Explosive atmosphere in area has been eliminated</li> <li>Floors have been swept clean.</li> <li>Combustible floors have been wet down, covered with damp sand or fire-resistant sheets.</li> <li>Other combustibles have been removed where possible. Otherwise protect with fire-resistant tarpaulins or metal sheets are in place.</li> <li>All wall and floor openings are covered.</li> <li>Fire-resistant tarpaulins are suspended beneath work.</li> </ul> <input type="checkbox"/> <b>Work on walls or ceilings/enclosed equipment:</b> <ul style="list-style-type: none"> <li>Construction is non-combustible and without combustible covering or insulation</li> <li>Combustibles on other side of walls have been removed.</li> <li>Danger exists by condition of heat into another area</li> <li>Enclosed equipment has been cleaned of all combustibles.</li> <li>Containers have been purged of flammable liquids/vapors.</li> </ul> <input type="checkbox"/> <b>Fire Watch / Hot Work area monitoring:</b> <ul style="list-style-type: none"> <li>Fire watch will be provided during and for 60 minutes after work, including any coffee or lunch breaks.                      Name: _____                      Phone #: _____</li> <li>Fire watch is supplied with suitable extinguishers</li> <li>Fire watch is trained in use of this equipment and in sounding alarm.</li> <li>Fire watch may be required for adjoining areas, above and below.</li> <li>Monitor hot work area <b>60 minutes</b> after job is completed.</li> </ul> <p><b>Other precautions taken:</b></p> <p>Yes <input type="checkbox"/>/ No <input type="checkbox"/> Confined space entry permit required?          Yes <input type="checkbox"/>/ No <input type="checkbox"/> Area protected with smoke or heat detection?          Yes <input type="checkbox"/>/ No <input type="checkbox"/> Ample ventilation to remove smoke/vapor from work area?          Yes <input type="checkbox"/>/ No <input type="checkbox"/> Lockout/tag-out required?</p>
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